

**KENTUCKY BOARD OF DENTISTRY
INSTRUCTIONS FOR DENTAL LICENSURE REINSTATEMENT**

- Applications are valid for 6 months from the date received in the Board office. If you have not been licensed by this time, you will be required to start the application process over (201 KAR 8:530 Section 15).
- All fees paid to the Kentucky Board of Dentistry are non-refundable (201 KAR 8:520 Section 5) and the fee for any returned check is \$25.00 (201 KAR 8:520 Section 3(6)). **IT IS NOT NECESSARY TO MAKE SEPARATE CHECKS FOR PAYMENT OF FEES.**
- You cannot obtain a license if you are currently subject to disciplinary action pursuant to KRS Chapter 313 which would prevent licensure.
- It is the applicant's responsibility to call the Board office to check on the status of his or her application.

DOCUMENTATION REQUIRED TO COMPLETE YOUR APPLICATION

- ____ 1. Submit a completed and signed "Application to Reinstate a Dental License." Use the name under which you wish to be licensed.
- ____ 2. Application fee(s): For a properly retired general dentistry license, \$350; for a properly retired specialty license, \$50 in addition to the reinstatement fee for a general dentist license. This amount covers licensure through December 31, 2015.
- ____ 3. Provide proof of having current certification in cardiopulmonary resuscitation (CPR) which meets or exceeds the guidelines set forth by the American Heart Association. **Send a copy of the front and back of the card.**
- ____ 4. Submit a criminal background check performed by the F.B.I. for the last five (5) years. Please visit their website for the background check application at <http://www.fbi.gov/about-us/cjis/background-checks/applicant-information-form> and more information at <http://www.fbi.gov/about-us/cjis/background-checks/submitting-an-identification-record-request-to-the-fbi>.
- ____ 5. Provide verification within three (3) months of the date of application is received at the office of the board any license to practice dentistry held previously or currently in any state or jurisdiction (copy of license not accepted). **These must be sent directly to the Board office from each jurisdiction.**
- ____ 6. National Practitioner Data Bank Report and AADE Clearinghouse Report. This is obtained by an electronic query done by the Board. Applicants must provide a written report for any positive returns on a query.
 - **An additional \$25 fee, payable to the Kentucky Board of Dentistry, is required for this report.**
- ____ 7. If you are reinstating a license that was retired **within the two (2) consecutive years immediately preceding the filing of your reinstatement application**, you must submit proof of completion of the continuing education requirements outlined in 201 KAR 8:530 Section 9 within those two (2) years.
- ____ 8. If you have not actively practiced dentistry in the two (2) consecutive years immediately preceding the filing of the reinstatement application, you shall complete and pass a refresher course approved by the board.

Make check payable to: KENTUCKY BOARD OF DENTISTRY
Mail application to: 312 WHITTINGTON PARKWAY, SUITE 101
LOUISVILLE KY 40222
PHONE: 502/429-7280